

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 3

2. STATE:

Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

7/1/00

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

WORKING COPY

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 00 \$ 0

b. FFY 01 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1-A to Attachment 3.1-A

Pages 1, 2, 3, 4 and 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1-A to Attachment 3.1-A

Pages 1, 2 and 3

10. SUBJECT OF AMENDMENT:

HIV / AIDS CASE MANAGEMENT

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

EXEMPT

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Dennis Braddock

14. TITLE:

Secretary

15. DATE SUBMITTED:

9/28/00

16. RETURN TO:

Department of Social & Health Services
Medical Assistance Administration
623 8th Ave SE MS: 45500
Olympia WA 98504-5500

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

SEP 29 2000

18. DATE APPROVED:

DEC 19 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Teresa L. Trimble

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

POSTMARKED: 9/28 • Olympia
CATE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: WASHINGTON

HIV/AIDS CASE MANAGEMENT SERVICES

A. Target Group:

Clients who have a current medical diagnosis of HIV or AIDS and who are eligible for Title XIX (Medicaid) coverage under the Categorically Needy Program (CNP) or the Medically Needy Program (MNP). The clients require assistance obtaining and effectively using necessary medical, social, and educational services or the client's condition is such the client requires 90 days continued monitoring.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915 (g) (1)) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services:

☐ Services are provided in accordance with section 1902 (a) (10) (B) of the act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

D. Definition of Services

MAA requires that HIV/AIDS case management providers perform the following functions:

1. Notify HIV positive persons, verbally or by signing a statement, of their choice of available HIV/AIDS case management providers statewide. This requirement does not obligate HIV/AIDS case management

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D. Definition of Services (continued)

providers to accept all clients who request their services. The case management provider will refer the client to another provider.

2. Obtain and maintain a current Authorization to Release/Obtain Information form. The provider must have a valid authorization on file for the months that case management services are billed to MAA. The provider cannot charge the client for services or documents related to covered services.
3. Maintain sufficient contact to ensure effectiveness of ongoing services. MAA requires a minimum of one contact per month between the HIV/AIDS case manager and the client. However, contact frequency must be sufficient to ensure implementation and ongoing maintenance of the Individual Service Plan (ISP).

Case management includes services which will assist clients in: living as independently as possible, maintaining and improving their health, reducing behaviors that put themselves and others at risk, and gaining access to needed medical, social, and educational services.

Description of Services:

Case management functions (core and support) are provided under the direction of a qualified case manager and are detailed below.

Core Functions:

Comprehensive Assessment: A comprehensive assessment is an evaluation to determine client's needs for case management services in several areas. This evaluation includes demographic information, physical status, HIV diagnosis, psychological/social/cognitive functioning and mental health history, ability to perform daily activities, financial and employment status, medical benefits and insurance coverage, informal support systems, legal status, and reportable behaviors which could lead to HIV transmission or reinfection.

Service Plan Development: An individual service plan must be developed in conjunction with the comprehensive assessment to identify and document the client's unmet needs and the resources needed to assist in meeting those needs.

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Service Plan Implementation: The case manager is responsible for implementation of the service plan, but may delegate specific functions to others, such as the home health nurse, discharge planners, etc.

Service Plan Review: The case manager must review the service plan monthly through in-person contact or by telephone contact with the client.

Narrative Records: Case managers must keep ongoing records, which clearly document case management services. These records must include the reason for the case manager's interaction with the client and the plans in place or to be developed to meet unmet client needs.

Support Functions:

Client Advocacy: Intervene with agencies or persons to help individual clients receive appropriate benefits or services.

Assistance: Assist or arrange for the client to obtain a needed service or accomplish a necessary task.

Consultation: Consult with service providers and professionals to utilize their expertise on the client's behalf.

Networking: Help a client to access services through linkages between formal and informal support systems for the purpose of creating an effective continuum of care.

Family Support: Arrange for appropriate referrals to help the family or significant others to deal with stress and changes related to the client's impairments.

E. Qualifications of Providers:

Provider Qualifications – Individual case managers

An HIV/AIDS case manager shall:

1. Be either a professional or a paraprofessional (HIV/AIDS case manager assistant) under the direct supervision of a professional;

E. Qualifications of Providers (continued)

2. Be employed and enrolled as an HIV/AIDS case manager by a public or private health, social service, or education agency.
3. Have demonstrated skills and knowledge necessary to perform his/her job responsibilities at the time of employment or have the potential of achieving the required skills and knowledge through training;
4. Have a general knowledge of HIV/AIDS-related conditions and diseases, the AIDSNET service delivery system, and other service delivery systems in his/her community;
5. Meet at least the following requirements for education and experience:
 - (a) Master's degree in behavioral or health sciences (e.g. social work, clinical psychology, sociology, guidance counseling, nursing, and public health) and one year of paid social service experience;
 - (b) Bachelor's degree in behavioral or health sciences and two years of paid social services experience;
 - (c) Bachelor's degree and three years of paid social services experience.

HIV Client Services, Department of Health may make exceptions to the above requirements when the service population is geographically or culturally isolated, or has limited English speaking ability.

Provider qualification – Case management agencies

An HIV/AIDS case management agency must:

1. Be a public or private social service, health, or education agency employing staff with HIV/AIDS case manager qualifications;
2. Demonstrate linkage and referral ability with social and health service agencies and individual practitioners;
3. Have experience working with persons living with HIV/AIDS;

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E. Qualifications of Providers (continued)

4. Meet applicable state and federal laws and regulations governing the participation of providers in the Medicaid program;
5. Have caseload size standards that allow HIV/AIDS case management staff to perform the duties established in the Title XIX HIV/AIDS case management standards;
6. Have supervisors who meet the HIV/AIDS case manager qualifications and have:
 - (a) A master's degree and two years of paid social service experience; or
 - (b) A bachelor's degree and three years of paid social service experience, including one supervisory year.

F. Choice of Providers

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act. Eligible recipients will have free choice of the providers of:

1. HIV/AIDS case management services; and
2. Other medical care under the plan.

- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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